

BARBADOS TENNIS ASSOCIATION
2019 SUMMER CAMP – July 8 – August 16, 2019
REGISTRATION FORM

First Name: _____ Last Name: _____

Date of Birth: Day: _____ Month: _____ Year _____

Age: _____ Male/Female: _____

Name of Parent/Guardian : _____

Address: _____

Telephone # (H) _____ (W) _____ (Cell) _____

Emergency Contact's Name: _____ Tel # _____

Email address: _____

School: _____

Medical History: _____

Allergies: _____

Any other information: _____

I agree that neither Barbados Tennis Association nor the Organizers of the Summer Camp shall be liable for any loss or injury however caused that may occur during participation in such event.

Signature of Parent/Guardian: _____ Date: _____

**Please circle below week(s) this child would like to participate in the Summer Camp:
If participating for full 6 weeks – total cost \$400 must be paid before June 28, 2019,
otherwise cost is \$100 per week.**

July 8-12, July 15-19, July 22-26, July 20-Aug 2, Aug 5-9, Aug 12-16

Number of Weeks: _____ x \$100 per week = Amount Due: _____

Date Paid: _____